



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

617-988-3100 • Fax 617-727-7662 • TTY 617-988-3175
www.mass.gov/dhcfp

JUDYANN BIGBY, M.D.
Secretary

SARAH ISELIN
Commissioner

Informational Bulletin 08-04

**114.3 CMR 22.00: Durable Medical Equipment,
Oxygen and Respiratory Therapy Equipment**

May 8, 2008
(Effective Date June 1, 2008)

HCPSC Updates and Corrections

Under authority of Regulation 114.3 CMR 22.01, the Division of Health Care Finance and Policy has implemented a number of changes in codes and rates for durable medical equipment, oxygen and respiratory therapy equipment services. As outlined in 22.01(5), Coding Updates and Corrections, the Division may publish such changes in the form of an Informational Bulletin that lists: (a) codes for which the code numbers changed, with the corresponding crosswalks; (b) codes for which the descriptions changed; (c) deleted codes for which there are no crosswalks; and (d) for new codes that require new pricing, the Division may list these codes and price them at a percentage of the prevailing Medicare fees as described in 114.3 CMR 22.03(15), when Medicare fees are available. When Medicare fees are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed. For payment on an individual consideration (I.C.) basis, refer to the methodology described under 114.3 CMR 22.02 General Definitions. The changes are effective as of June 1, 2008.

The following new codes have been added:

New Code	Rate	Description
A5083	AAC+20%	Continent device, stoma absorptive cover for continent stoma
A6413	AAC+20%	Adhesive bandage, first-aid type, any size, each
A7027NU	179.35	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028NU	49.54	Oral cushion for combination oral/nasal mask, replacement only, each
A7029NU	20.25	Nasal pillows for combination oral/nasal mask, replacement only, pair
A8000NU	122.68	Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment)
A8000RR	12.26	Helmet, protective, soft, prefabricated, includes all components and accessories (rental)
A8000UE	92.02	Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment)
A8001NU	122.68	Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment)
A8001RR	12.26	Helmet, protective, hard, prefabricated, includes all components and accessories (rental)

New Code	Rate	Description
A8001UE	92.02	Helmet, protective, hard, prefabricated, includes all components and accessories (used durable medical equipment)
A9274	AAC+20%	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9900	AAC+20%	Miscellaneous DME supply, accessory and/or service component of another HCPCS code
B4087NU	28.55	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4087UC	114.00	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)
B4088NU	28.55	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4088UC	114.00	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (mickey tube)
E0328	AAC+30%	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	AAC+30%	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0856NU	AAC+30%	Cervical traction device, cervical collar with inflatable air bladder (new equipment)
E0856RR	I.C.	Cervical traction device, cervical collar with inflatable air bladder (rental)
E0856UE	I.C.	Cervical traction device, cervical collar with inflatable air bladder (used durable medical equipment)
E2227	AAC+35%	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	AAC+35%	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2312NU	1,939.18	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment)
E2312RR	193.92	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental)
E2312UE	1,454.36	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2312NUKC	2,473.18	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2312RRKC	247.32	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2312UEKC	1,854.88	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2313NU	307.93	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)

New Code	Rate	Description
E2313RR	30.81	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (rental)
E2313UE	230.95	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
E2397NU	AAC+35%	Power wheelchair accessory, lithium-based battery, each (new equipment)
E2397RR	I.C.	Power wheelchair accessory, lithium-based battery, each (rental)
E2397UE	I.C.	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
J1561	26.06	Injection, immune globulin, (gamunex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1568	26.79	Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	25.08	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1572	25.85	Injection, immune globulin, (flebogamma), intravenous, non-lyophilized (e.g. liquid), 500 mg
J7602	AAC	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuteraol) or per 0.5 mg (levalbuterol)
J7603	AAC	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (albuteraol) or per 0.5 mg (levalbuterol)
J7604	AAC	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit does form, per gram
J7605	AAC	Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms
J7632	AAC	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7676	AAC	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
Q4099		Formoterol fumarate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms

The descriptors of the following codes have been revised:

Code	Rate	Revised Description
A5105	34.65	Urinary suspensory with leg bag, with or without tube, each
B4034	4.90	Enteral feeding supply kit; syringe fed, per day
E0630KH, KI	81.51	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630KJ	61.13	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630NU	855.88	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase)
E0630UE	641.91	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical equipment purchase)

Code	Rate	Revised Description
E0630RP	AAC+30%	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (replacement because of wear and tear, damage, or loss)
E0705NU	43.91	Transfer device, any type, each (new equipment)
E0705RR	4.49	Transfer device, any type, each (rental)
E0705UE	32.29	Transfer device, any type, each (used durable medical equipment)
E1801KH, KI	103.20	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KJ	77.40	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801NU	1,083.60	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1801UE	812.70	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1806KH, KI	84.73	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KJ	63.55	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806NU	889.64	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1806UE	667.23	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1811KH, KI	107.30	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KJ	80.47	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811NU	1,126.61	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1811UE	844.96	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1816KH, KI	108.99	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816KJ	81.74	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816NU	1,144.42	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)

Code	Rate	Revised Description
E1816UE	858.31	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1818KH, KI	111.27	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818KJ	83.45	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818NU	1,168.36	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1818UE	876.27	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1841KH	362.40	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KI	271.80	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841NU	3,805.20	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1841UE	2,853.90	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E2205NU	32.67	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new equipment)
E2205RR	3.25	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental)
E2205UE	24.52	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment)
E2373NU	1,209.93	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment)
E2373RR	121.00	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental)
E2373UE	907.47	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
J1562	AAC	Injection, immune globulin (vivaglobin), 100 mg
J2545	35.62	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J7608KO	2.44	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (single drug unit dose formulation)

Code	Rate	Revised Description
J7608KP	2.44	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (first drug of a multiple unit dose formulation)
J7608KQ	2.30	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (second or subsequent drug of a multiple unit dose formulation)
J7611	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg
J7612	AAC	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg
J7613KO	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (single drug unit dose formulation)
J7613KP	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (first drug of a multiple unit dose formulation)
J7613KQ	0.07	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (second or subsequent drug of a multiple unit dose formulation)
J7614KO	1.20	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (single drug unit dose formulation)
J7614KP	1.20	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (first drug of a multiple unit dose formulation)
J7614KQ	AAC	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (second or subsequent drug of a multiple unit dose formulation)
J7631KO	0.07	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7631KP	0.07	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (first drug of a multiple unit dose formulation)
J7631KQ	0.04	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (second or subsequent drug of a multiple unit dose formulation)
J7639KO	15.01	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7639KP	15.01	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (first drug of a multiple unit dose formulation)
J7639KQ	14.98	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (second or subsequent drug of a multiple unit dose formulation)

The following codes have been deleted and replaced by new crosswalked codes, the fees for which are noted above, unless otherwise indicated:

Old Code	New Code	Old Description
B4086NU	B4087NU B4088NU	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each
B4086UC	B4087UC B4088UC	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each (mickey tube)
E0701	A8000 A8001	Helmet with face guard and soft interface material, prefabricated
E2618	K0108 ¹	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware
J7602	J7611 J7612	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)
J7603	J7613 J7614	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)
K0553	A7027NU	Combination oral/nasal mask, used with continuous positive airway pressure device, each
K0554	A7028NU	Oral cushion for combination oral/nasal mask, replacement only, each
K0555	A7029NU	Nasal pillows for combination oral/nasal mask, replacement only, pair

¹ Wheelchair component or accessory, not otherwise specified, at individual consideration at AAC plus 35%